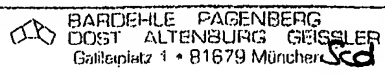


PATENT COOPERATION TREATY

From the
INTERNATIONAL PRELIMINARY EXAMINING AUTHORITY

PCT

| | |
|---|--|
| To: HESS, Peter K. Bardehle Pagenberg Dost Altenburg Geissler Galileiplatz 1 81679 München ALLEMAGNE | |
| 30131 M. 11. Feb. 2005 Frist 03.10.103. M. 05 Bearb. OMSd |  1 |

NOTIFICATION OF RECEIPT OF DEMAND BY COMPETENT INTERNATIONAL PRELIMINARY EXAMINING AUTHORITY

(PCT Rules 59.3(e) and 61.1(b), first sentence
and Administrative Instructions, Section 601(a))

| | |
|-------------------------------------|------------|
| Date of mailing (day/month/year) | 10-02-2005 |
|-------------------------------------|------------|

| | | | |
|---|--|--|--|
| Applicant's or agent's file reference F39385W0 tge | | IMPORTANT NOTIFICATION | |
| International application No. PCT/EP2004/003592 | International filing date (day/month/year) 05/04/2004 | Priority date (day/month/year) 03/04/2003 | |
| Applicant FICO CABLES S.A. et al. | | | |

1. The applicant is hereby notified that this International Preliminary Examining Authority considers the following date as the date of receipt of the demand for international preliminary examination of the international application:

03/02/2005 ✓


2. This date of receipt is:

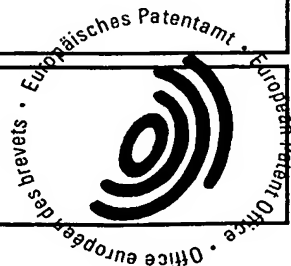
- ☒ the actual date of receipt of the demand by this Authority (Rule 61.1(b)).
- ☐ the actual date of receipt of the demand on behalf of this Authority (Rule 59.3(e)).
- ☐ the date on which this Authority has, in response to the invitation to correct defects in the demand (Form PCT/IPEA/404), received the required corrections.

3. ☒ **ATTENTION:** That date of receipt is **after** the expiration of 19 months from the priority date. Consequently, in respect of some Offices, the demand does not have the effect of postponing the entry into the national phase until 30 months from the priority date (or later in some Offices) (Article 39(1)) and the acts for entry into the national phase must therefore be performed within 20 months from the priority date (or later in some Offices). However, in respect of some other Offices, the time limit of 30 months (or later) may nevertheless apply. See the Annex to Form PCT/IB/301 and, for details about the applicable time limits, Office by Office, see the *PCT Applicant's Guide*, Volume II, National Chapters and the WIPO Internet site.

- ☐ (If applicable) This notification confirms the information given by telephone, facsimile transmission or in person on:

4. Only where paragraph 3 applies, a copy of this notification has been sent to the International Bureau.

| | |
|---|--|
| Name and mailing address of the IPEA/  European Patent Office D-80298 Munich Tel. (+49-89) 2399-0, Tx: 523656 epmu d Fax: (+49-89) 2399-4465 | Authorized officer BIRLING W Tel. (+49-89) 2399-7593 |
|---|--|



The demand must be filed directly with the competent International Preliminary Examining Authority or, if two or more Authorities are competent, with the one chosen by the applicant. The full name or two-letter code of that Authority may be indicated by the applicant on the line below:

IPEA/ EP

PCT

CHAPTER II

DEMAND

under Article 31 of the Patent Cooperation Treaty:

The undersigned requests that the international application specified below be the subject of international preliminary examination according to the Patent Cooperation Treaty.

For International Preliminary Examining Authority use only

| | |
|------------------------|---------------------------|
| Identification of IPEA | Date of receipt of DEMAND |
|------------------------|---------------------------|

| | | | |
|--|--|---|--|
| Box No. I IDENTIFICATION OF THE INTERNATIONAL APPLICATION | | Applicant's or agent's file reference F39385WO tge | |
| International application No. PCT/EP2004/003592 | International filing date (day/month/year) 05/04/04 5 April 2004 | (Earliest) Priority date (day/month/year) 03/04/03 3 April 2003 | |
| Title of invention Parking Brake Lever Unit | | | |
| Box No. II APPLICANT(S) | | | |
| Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.) FICO CABLES, S.A. Technological Centre Pujol & Tarragó Poligono Industrial Can Margarola Ctra. C-17 km 13 08100 Mollet del Vallès ES | | Telephone No.: | |
| | | Facsimile No.: | |
| | | Teleprinter No.: | |
| | | Applicant's registration No. with the Office | |
| State (that is, country) of nationality: ES | | State (that is, country) of residence: ES | |
| Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.) BARRIOS VILLÁ, Josep C/ Bages 3 08233 Vacarisses ES | | | |
| State (that is, country) of nationality: ES | | State (that is, country) of residence: ES | |
| Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.) TERRADAS PRAT, Jaume C/ Roselló 492, 2º 2a 08025 Barcelona ES | | | |
| State (that is, country) of nationality: ES | | State (that is, country) of residence: ES | |
| <input checked="" type="checkbox"/> Further applicants are indicated on a continuation sheet. | | | |

Continuation of Box No. II APPLICANT(S)

If none of the following sub-boxes is used, this sheet should not be included in the demand.

Name and address: *(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)*

SANCHEZ REVILLA, Eduardo
C/ Serra Camaro 18
08026 Sabadell
ES

State *(that is, country)* of nationality:

ES

State *(that is, country)* of residence:

ES

Name and address: *(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)*

GRAS, David Alonso
Av. Rius i Taulet 34, 3° 3a
08190 Sant Cugat des Vallés
ES

State *(that is, country)* of nationality:

ES

State *(that is, country)* of residence:

ES

Name and address: *(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)*

PARDO ALOY, David
Av. Bertomeu 27
08193 Bellaterra
ES

State *(that is, country)* of nationality:

ES

State *(that is, country)* of residence:

ES

Name and address: *(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)*

JORNET VIDAL, Jordi
C/ Galvani 110, 3° 3a
08224 Terrassa
ES

State *(that is, country)* of nationality:

ES

State *(that is, country)* of residence:

ES

☐ Further applicants are indicated on another continuation sheet.

Box No. III AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCEThe following person is ☒ agent ☐ common representative

- and ☒ has been appointed earlier and represents the applicant(s) also for international preliminary examination.
- ☐ is hereby appointed and any earlier appointment of (an) agent(s)/common representative is hereby revoked.
- ☐ is hereby appointed, specifically for the procedure before the International Preliminary Examining Authority, in addition to the agent(s)/common representative appointed earlier.

Name and address: *(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)*

Peter K. Hess

Telephone No.:

089-92805-0

Facsimile No.:

089-92805-444

Teleprinter No.:

Agent's registration No. with the Office

Bardehle Pagenberg
Dost Altenburg Geissler
Postfach 86 06 20, 81633 München
Galileiplatz 1, 81679 München, DE

- ☐ **Address for correspondence:** Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.

Box No. IV BASIS FOR INTERNATIONAL PRELIMINARY EXAMINATION**Statement concerning amendments:***

1. The applicant wishes the international preliminary examination to start on the basis of:

- ☒ the international application as originally filed
- the description ☐ as originally filed
☐ as amended under Article 34
- the claims ☐ as originally filed
☐ as amended under Article 19 (together with any accompanying statement)
☐ as amended under Article 34
- the drawings ☐ as originally filed
☐ as amended under Article 34

2. ☐ The applicant wishes any amendment to the claims under Article 19 to be considered as reversed.3. ☐ The applicant wishes the start of the international preliminary examination to be postponed until the expiration of the applicable time limit under Rule 69.1(d).4. ☐ The applicant expressly wishes the international preliminary examination to start earlier than at the expiration of the applicable time limit under Rule 54bis.1(a).

* Where no check-box is marked, international preliminary examination will start on the basis of the international application as originally filed or, where a copy of amendments to the claims under Article 19 and/or amendments of the international application under Article 34 are received by the International Preliminary Examining Authority before it has begun to draw up a written opinion or the international preliminary examination report, as so amended.

Language for the purposes of international preliminary examination: English

- ☒ which is the language in which the international application was filed.
- ☐ which is the language of a translation furnished for the purposes of international search.
- ☒ which is the language of publication of the international application.
- ☐ which is the language of the translation (to be) furnished for the purposes of international preliminary examination.

Box No. V ELECTION OF STATES

The filing of this demand constitutes the election of all Contracting States which are designated and are bound by Chapter II of the PCT.

Box No. VI CHECK LIST

The demand is accompanied by the following elements, in the language referred to in Box No. IV, for the purposes of international preliminary examination:

- | | |
|--|--------|
| 1. translation of international application : | sheets |
| 2. amendments under Article 34 : | sheets |
| 3. copy (or, where required, translation) of amendments under Article 19 : | sheets |
| 4. copy (or, where required, translation) of statement under Article 19 : | sheets |
| 5. letter : 1 | sheets |
| 6. other (<i>specify</i>) | sheets |

For International Preliminary Examining Authority use only

| | |
|----------|--------------|
| received | not received |
|----------|--------------|

| | |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |

The demand is also accompanied by the item(s) marked below:

- | | |
|--|--|
| 1. <input checked="" type="checkbox"/> fee calculation sheet | 5. <input type="checkbox"/> statement explaining lack of signature |
| 2. <input type="checkbox"/> original separate power of attorney | 6. <input type="checkbox"/> sequence listing in computer readable form |
| 3. <input type="checkbox"/> original general power of attorney | 7. <input type="checkbox"/> tables in computer readable form related to a sequence listing |
| 4. <input type="checkbox"/> copy of general power of attorney; reference number, if any: | 8. <input type="checkbox"/> other (<i>specify</i>): |

Box No. VII SIGNATURE OF APPLICANT, AGENT OR COMMON REPRESENTATIVE

Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the demand).

Hans Wegner

Dr. Hans Wegner, European Patent Attorney

For International Preliminary Examining Authority use only

1. Date of actual receipt of DEMAND:

2. Adjusted date of receipt of demand due to CORRECTIONS under Rule 60.1(b):

3. ☐ The date of receipt of the demand is AFTER the expiration of 19 months from the priority date and item 4 or 5, below, does not apply.
☐ The applicant has been informed accordingly.
4. ☐ The date of receipt of the demand is WITHIN the period of 19 months from the priority date as extended by virtue of Rule 80.5.
5. ☐ Although the date of receipt of the demand is after the expiration of 19 months from the priority date, the delay in arrival is EXCUSED pursuant to Rule 82.

6. ☐ The date of receipt of the demand is AFTER the expiration of the time limit under Rule 54bis.1(a) and item 7 or 8, below, does not apply.
7. ☐ The date of receipt of the demand is WITHIN the time limit under Rule 54bis.1(a) as extended by virtue of Rule 80.5.
8. ☐ Although the date of receipt of the demand is after the expiration of the time limit under Rule 54bis.1(a), the delay in arrival is EXCUSED pursuant to Rule 82.

For International Bureau use only

Demand received from IPEA on:

PCT

CHAPTER II

FEE CALCULATION SHEET

Annex to the Demand

| | | | | | | | | | | | |
|---|--|---|---------------------------------------|---------------------------------|--|---|----------------------------------|-------------------------------------|--|--|--------------------|
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">International application No.</td> <td>PCT/EP2004/003592</td> </tr> <tr> <td>Applicant's or agent's file reference</td> <td>F39385WO / tge</td> </tr> </table> | International application No. | PCT/EP2004/003592 | Applicant's or agent's file reference | F39385WO / tge | <div style="border: 1px solid black; padding: 5px; text-align: center;">For International Preliminary Examining Authority use only</div> <div style="border: 1px solid black; height: 100px; margin-top: 10px;"></div> | | | | | | |
| International application No. | PCT/EP2004/003592 | | | | | | | | | | |
| Applicant's or agent's file reference | F39385WO / tge | | | | | | | | | | |
| Applicant FICO CABLES, S.A. | | | | | | | | | | | |
| CALCULATION OF PRESCRIBED FEES | | | | | | | | | | | |
| 1. Preliminary examination fee..... | <div style="border: 1px solid black; display: inline-block; padding: 2px 10px;">1.530,00</div> <div style="border: 1px solid black; display: inline-block; padding: 2px 5px; margin-left: 5px;">P</div> | | | | | | | | | | |
| 2. Handling fee (<i>Applicants from certain States are entitled to a reduction of 75% of the handling fee. Where the applicant is (or all applicants are) so entitled, the amount to be entered at H is 25% of the handling fee</i>)..... | <div style="border: 1px solid black; display: inline-block; padding: 2px 10px;">129,00</div> <div style="border: 1px solid black; display: inline-block; padding: 2px 5px; margin-left: 5px;">H</div> | | | | | | | | | | |
| 3 Total of prescribed fees Add the amounts entered at P and H and enter total in the TOTAL box..... | <div style="border: 1px solid black; display: inline-block; padding: 2px 10px;">1.659,00</div> <div style="border: 1px solid black; display: inline-block; padding: 2px 10px; margin-top: 2px;">TOTAL</div> | | | | | | | | | | |
| MODE OF PAYMENT | | | | | | | | | | | |
| <table style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> authorization to charge deposit account with the IPEA (see below)</td> <td><input type="checkbox"/> cash</td> </tr> <tr> <td><input type="checkbox"/> cheque</td> <td><input type="checkbox"/> revenue stamps</td> </tr> <tr> <td><input type="checkbox"/> postal money order</td> <td><input type="checkbox"/> coupons</td> </tr> <tr> <td><input type="checkbox"/> bank draft</td> <td><input type="checkbox"/> other (<i>specify</i>):</td> </tr> </table> | | <input checked="" type="checkbox"/> authorization to charge deposit account with the IPEA (see below) | <input type="checkbox"/> cash | <input type="checkbox"/> cheque | <input type="checkbox"/> revenue stamps | <input type="checkbox"/> postal money order | <input type="checkbox"/> coupons | <input type="checkbox"/> bank draft | <input type="checkbox"/> other (<i>specify</i>): | | |
| <input checked="" type="checkbox"/> authorization to charge deposit account with the IPEA (see below) | <input type="checkbox"/> cash | | | | | | | | | | |
| <input type="checkbox"/> cheque | <input type="checkbox"/> revenue stamps | | | | | | | | | | |
| <input type="checkbox"/> postal money order | <input type="checkbox"/> coupons | | | | | | | | | | |
| <input type="checkbox"/> bank draft | <input type="checkbox"/> other (<i>specify</i>): | | | | | | | | | | |
| AUTHORIZATION TO CHARGE (OR CREDIT) DEPOSIT ACCOUNT <i>(This mode of payment may not be available at all IPEAs)</i> | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Authorization to charge the total fees indicated above. | IPEA/ | | | | | | | | | | |
| <input type="checkbox"/> <i>(This check-box may be marked only if the conditions for deposit accounts of the IPEA so permit) Authorization to charge any deficiency or credit any overpayment in the total fees indicated above.</i> | Deposit Account No.: | | | | | | | | | | |
| | Date: | | | | | | | | | | |
| | Name: | | | | | | | | | | |
| | Signature: | | | | | | | | | | |
| | <table style="width: 100%;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%; text-align: center;">EPA</td> </tr> <tr> <td></td> <td style="text-align: center;">28000212</td> </tr> <tr> <td></td> <td style="text-align: center;">February 3, 2005</td> </tr> <tr> <td></td> <td style="text-align: center;">Dr. Hans Wegner</td> </tr> <tr> <td></td> <td style="text-align: center;"><i>Hans Wegner</i></td> </tr> </table> | | EPA | | 28000212 | | February 3, 2005 | | Dr. Hans Wegner | | <i>Hans Wegner</i> |
| | EPA | | | | | | | | | | |
| | 28000212 | | | | | | | | | | |
| | February 3, 2005 | | | | | | | | | | |
| | Dr. Hans Wegner | | | | | | | | | | |
| | <i>Hans Wegner</i> | | | | | | | | | | |